

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/520093 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	12					
6	21					
7	/					
8	1					
9	12					
10	62					
11	62					
12	KD					
13	/					
14	/					
15	/					
16						
17	/					
18	/					
19	12					
20	21					
21	10					
22	10					
23	10					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	10					
31	12					
32	10					
33	10					
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47	/					
48	/					
49						
50	/					
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
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97						
98						
99						
100						
TOTAL IND.			7	↓		
TOTAL DEP.			52	←	←	↓
TOTAL CLAIMS			59		←	←